



Agency Interest No. _____

Louisiana Department of Environmental Quality
Financial Services Division
Post Office Box 4303
Baton Rouge, Louisiana 70821-4303
Phone: (225) 219-3863

WASTE TIRE GENERATOR NOTIFICATION FORM

DEQ Facility No: R _____
(To be assigned by Department)

DEQ Account No: WT- _____
(To be assigned by Department)

I. Applicant Information (Print Legibly or Type)

Business/Property Owner/Contact:		Contact person, if different from Owner:	
Name of Business:		Physical Location/Street Address:	
Mailing Address:		City, State:	
City, State, Zip:	Zip:	Parish:	
Parish	Business Phone No:		

II. Tax ID No.

Federal Tax ID No:	State Tax ID No:
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III. Fees: None

IV. Generation of Tires: (Please check or indicate type of business, if Other)

Sell New Tires _____ **Sell Used Tires** _____ **Salvage Fleet Operator** _____ **Other** _____

V. CERTIFICATION

I have personally examined and am familiar with the information submitted in this document and LAC 33:VII.Chapter 105, and hereby certify under penalty of law that this information is true, accurate, and complete to the best of my knowledge. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Authorized Signature

Date

Print Name

Title of Signatory

Revised: 7-10-02